



KENTUCKY DEPARTMENT OF AGRICULTURE  
Division of Regulation and Inspection  
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Frankfort, KY 40601

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APPLICATION FOR RETAIL LICENSE TO HANDLE EGGS  
Egg Program - KRS 260.540 to 260.650  
April 1 – March 31

Application Date \_\_\_\_\_ Signature \_\_\_\_\_

License number \_\_\_\_\_ (to be assigned by office)

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NEWLY OPENED BUSINESS (First time ownership)

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PREVIOUSLY OWNED BUSINESS (If previously owned, indicate former license number and name (if applicable). If you recently purchased this business, also indicate what date you began selling eggs):  
\_\_\_\_\_

SUPPLIER OF SHELL EGGS \_\_\_\_\_

SUPPLIER ADDRESS \_\_\_\_\_

**Business Information:**

*Physical Address* (911 address, street, or highway)

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Contact: \_\_\_\_\_

*Mailing Address* (address specific for business physical location)

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Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

Attention line: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Billing/License Renewal Address***

Complete the following if your billing address is different than the business location and/or mailing address.

Billing name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Registration Fee is \$5.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.